

MONTGOMERY COUNTY
OCCUPATIONAL MEDICAL SERVICES

GRADED EXERCISE TEST (GXT) INFORMED CONSENT NOTICE

I, _____, understand that as part of my job-related physical examination, I am required by Montgomery County to undergo a Graded Exercise Test. Occupational Medical Services, and such assistants as may be designated, will administer the test. The staffs conducting the test are licensed healthcare professionals certified in Advanced Cardiac Life Support. All testing is supervised by a licensed physician, who is present in Occupational Medical Services when testing is conducted, and who is experienced in interpreting test results.

This test is designed to measure my level of fitness. It is also a screening tool to evaluate any current, significant, heart disease and my risk for development of significant heart disease in the future.

I understand that I will walk on a motor driven treadmill. During the performance of physical activity, my electrocardiogram will be monitored and my blood pressure ~~measured and recorded at periodic intervals.~~ Exercise will be increased progressively until I reach 10.1 mets (a measurement for how much oxygen your body is consuming) without exceeding 90% of my predicted maximum heart rate based upon my age, I become distressed in any way, or I develop any abnormal response that the testing professional considers significant, whichever of the above events occurs first. I understand that I may terminate the test at any point (when I feel I am unable to proceed) by notifying the testing professional. My rating of "pass" or "fail" on the treadmill test itself is based upon my achieving 10.1 mets without exceeding 90% of my predicted maximum heart rate based upon my age.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk. I understand, however, that there are potential risks (approximately 2-3 per 10,000 tests) associated with a Graded Exercise Test, just as there are risks associated with any routine medical procedure, including diagnostic tests. These include episodes of transient lightheadedness, fainting, chest discomfort, and leg cramps. On very rare occasions, heart attack or sudden death may occur. I further understand that professional personnel, furnished with appropriate equipment, including a physician, are available. These medical professionals are trained to administer initial emergency care until the Emergency Medical System (EMS) personnel arrive. This notice does not release the County's agents or employees of liability.

I have read and understand the above. I have been given an opportunity to ask questions about the Graded Exercise Test and my questions have all been answered to my satisfaction.

Employee/Applicant Signature

Date